## Foster Family Home - Corrective Action Report

Provider ID:

1-509276

Home Name:

Eunice Aguilar, CNA

Review ID:

1-509276-8

94-1091 Nalii Street

Reviewer:

Pamela Perry

Waipahu

HI 96797

Begin Date:

7/30/2020

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**Required Certificate** 

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1)- Unannounced visit made on 7/30/20 for a 3 bed CCFFH Recertification Inspection. Corrective Action Plan issued during visit with all items due back to CTA by 8/30/20. Home will receive a 3 bed certificate.

**Foster Family Home** 

**Background Checks** 

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- HHM#3& HHM#4 without any criminal history checks done

8.(a)(2)- HHM #3 & HHM#4 without any APS/CAN checks done

Compliance Manager

Primary Care Giver

7/31/2020 1:22 AM

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## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Eunice	Agnilar
CCFFH Address: 94-1091 Nadii A	St. Warpahy, HT. 96797 (PLEASE PRINT)

Number each issue fixed for each violation? vio	te each   Prevention Strategy – How will you   prevent each violation from happening   again in the future?
HHM APS, CAN, Finger prints A. 8.(a).(1) & placed into home 24 8.(a).(2) record.  HHM APS, CAN, Fingerprints HH was obtained. Thurs A. 8.(a).(1) & placed into home 24 8.(a).(2) record.	gust Home will use a  Jose calendar to put all  due dates on Back  ground checks will  be done at least 3  weeks begore due  date to prevent  Juture Rapses.

All items that were fixed are attached to this CAP

PCG's Signature:

Agnixon

Date: 9/29/20

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CTA has reviewed all corrected items